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**TOWN OF VIENNA**  
**TREASURER**  
127 Center Street South  
Vienna, VA 22180  
703-255-6321

**REPORT OF TAX ON MEALS & LODGING**

**For:**  
**Month** \_\_\_\_\_  
**Year** \_\_\_\_\_

Chapter 6, Article 4, Sec. 6.32-6.47  
Chapter 6, Article 5, Sec. 6.48-6.59

**Name of Business:** \_\_\_\_\_ **Virginia Sales Tax**  
**Registration No.:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

1. Gross receipts of meals or lodging ..... \$ \_\_\_\_\_
2. 4% of Line 1 ..... \$ \_\_\_\_\_
3. Less sellers discount of 3% of Line 2 (applies only if  
collections & report are filed by the due date) ..... \$ \_\_\_\_\_
4. Net tax payable to Town  
Line 2 minus Line 3 ..... \$ \_\_\_\_\_
5. 10% penalty for late payment  
(Minimum of \$10.00) ..... \$ \_\_\_\_\_
6. Total tax and penalty ..... \$ \_\_\_\_\_
7. 10% per annum interest on tax & penalty  
(.00833 x number of months late x Line 6) ..... \$ \_\_\_\_\_
8. **Total tax, penalty & interest** ..... **\$ \_\_\_\_\_**

Please remit the amount shown on Line 8 to TOWN OF VIENNA. Mail the white and yellow copies to:  
TOWN OF VIENNA, 127 CENTER STREET SOUTH, VIENNA, VA 22180. You may save the pink copy  
for your records.

**DECLARATION OF TAXPAYER**

I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief  
for the period stated.

**Date:** \_\_\_\_\_ **Print/Type Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**DUE THE 20TH OF MONTH FOLLOWING MONTH FOR WHICH REPORT IS MADE**